



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

35969 7590 11/06/2007

JEFFREY M. GREENMAN
 BAYER PHARMACEUTICALS CORPORATION
 400 MORGAN LANE
 WEST HAVEN, CT 06516

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

William F. Gray	(Depositor's Name)
<i>William F. Gray</i>	(Signature)
6 February 2008	(Date)

02/07/2008 FMTEKI2 00000023 133372 10501689

01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/501,689	07/17/2004	Chengzhi Zhang	5108NIFI	4379

TITLE OF INVENTION: BENZOFURAN AND BENZOTHIOPHENE DERIVATIVES USEFUL IN THE TREATMENT OF HYPER-PROLIFERATIVE DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/06/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOLOLA, TAOFIQ A	1625	514-443000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bayer Pharmaceuticals Corporation

(B) RESIDENCE (CITY and STATE OR COUNTRY)

400 Morgan Lane, West Haven, Connecticut 06516

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government.

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3372 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

William F. Gray

Date 6 February 2008

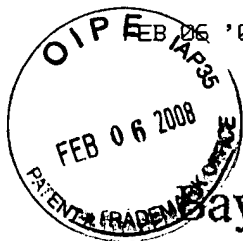
Typed or printed name

William F. Gray

Registration No. 31018

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Bayer HealthCare
Pharmaceuticals



FAX

To: **MAIL STOP ISSUE FEE – US PATENT AND TRADEMARK OFFICE**

Fax: (571) 273-2885

Number of Pages: 4 (including this cover)

Date: 6 February 2008

From: William F. Gray

Fax: (203) 812-6459

Phone: (203) 812-2712

E-mail: william.gray.b@bayer.com

Re: US Application Serial No.: 10/501,689

Filing Date: 07/17/2004

**Title: Benzofuran and Benzothiophene Derivatives Useful for the Treatment of
Hyper-proliferative Disorders**

Attorney Docket No.: 5108N1P1

Message:

Attached are the following documents in connection with payment of the Issue Fee for this application:

- ☒ Issue Fee Transmittal Letter
- ☒ Part B – Fee(s) Transmittal (Form PTOL-85B)
- ☐ Amendment under 37 C.F.R. 1.312
- ☐ Change of Correspondence Address (Form PTO/SB/122)

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT THE PRIVILEGED OR CONFIDENTIAL NATURE OF THIS MESSAGE IS NOT WAIVED BY INADVERTENT DISCLOSURE. ANY DISSEMINATION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL TO 400 MORGAN LANE, WEST HAVEN CONNECTICUT 06516. THANK YOU.



Attorney Docket No. XXXXXXXX

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Zhang, et al.

Group Art Unit: 1625

Serial No.: 10/501,689

Examiner: Solola, Taofiq

Filed: 07/17/2004

For: Benzofuran and Benzothiophene Derivatives Useful in the Treatment of Hyper-proliferative Disorders

MAIL STOP ISSUE FEE

Commissioner for Patents

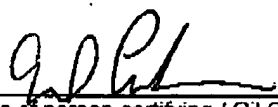
P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence and any papers referred to as attached are being facsimile transmitted, on the date shown below, to the U.S. Patent and Trademark Office, Mail Stop ISSUE FEE, facsimile number (571) 273-2885.

Date: 6 February 2008


Signature of person certifying / Gil CunhaISSUE FEE
TRANSMITTAL LETTER

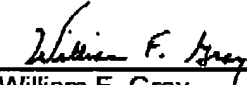
Sir:

Attached please find the following documents in connection with transmittal and payment of the publication and issue fees in the above-identified case:

- Part B - Fee(s) Transmittal (Form PTOL-85).

Respectfully submitted,

Date: 6 February 2008


William F. Gray
Attorney for Applicants
Reg. No. 31018

Bayer HealthCare LLC
400 Morgan Lane
West Haven, CT 06516-4175
Telephone: (203) 812-2712
Facsimile: (203) 812-6459